

Be Healthy ... Be Happy
3 Primrose Street
Newtown, CT 06470



Tel. (203) 270-4291
FAX (203) 270-1528
E-Mail: health.district@newtown-ct.gov

NEWTOWN DISTRICT DEPARTMENT OF HEALTH

Date: _____

Dr. Goudarz Molaei
Connecticut Agricultural Experiment Station
P.O. Box 1106
New Haven, CT 06504

Re: Request for Analysis of Tick for Lyme Disease

Tick Specimen No.: _____

Dear Dr. Molaei:

The enclosed tick is submitted for identification and testing for Lyme Disease spirochetes. The following information was submitted to the Health District office:

Name of person tick was found on: _____ Phone No.: _____

Address: _____

E-Mail Address: _____
(Please print clearly.)

Town where tick was acquired: _____

Age of person tick was found on: _____ Gender of person tick was found on: _____

Part of body tick was found on: _____

Please return the results of your testing to the Health District at the above address. Thank you.

Very truly yours,

Donna M. Culbert, MPH, R.S., P.E.
Director of Health

/mcs